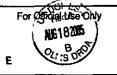
US Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E OUSON		
1 File Number U - 9794	2 Fiscal Year Covered From	
	[1] / [1 / 2004 Through [12] / 31 / 2004]	
3 Name and address of person filing	4 Name, file number, and address of labor organization	
Name ELBA E SERRANU	Name District Council 1707	
	Labor Organization File Number 06/-019	
PO Box, Bidg , Room No , if any	P O Box, Building and Room Number, If any 1414	
Street 15 Varick Street	Street 75 Varick Street .	
City New York,	City New York	
State MY ZIP Code +4 10013-1917	State // ZIP Code + 4 /00/3 - 19/7	
5 Position in labor organization Asst to Exec Dir/ Personno/ Director		
, wagaranda		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).		
A Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.		
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income	
Name DC 1707 Health Benefits Fund	IFE BP membersh. p - 56 82 IFEBP Conferencen pag. 12/1/04.12/4/04 915.00 Hold-608.00 - air fame - 235.90 Frod, +0xpenses 379.21	
Trade Name, if any	Frod, + 0 x penses 379.21	
P O Box, Bldg , Room No , if any		
Street 15 Varick St 15th 7/007	7 b Amount	
city New york	\$2,194.93	
State NY ZIP Code + 4 10013 - 1917		
ا Sigi عند الله الله الله الله الله الله الله الل	nature + 1 til	
15 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan- undersigned's knowledge and belief, true, correct, and complete (See the se	ying documents), has been examined by the signatory and is, to the best of the	
and City lands	Total and and and	
signed Waysurw	On 8/11/15 212-219-002 2 x5/11 Date Telephone Number	

Name of Person Filing EUBA E. SERRAND	File Num	nber U-	
B Heid an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any)	9 Business deals with		
Name			
Trade Name, if any	a Labor Organization b Trust		
P O Box, Bldg , Room No , if any	c Employer		
Street	heared Park		
City			
State ZIP Code + 4			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name			
Trade Name, if any	TO THE TOTAL THE	,	
P O Box, Bldg , Room No , if any		(
Street	11 b Approximate dollar value of such	n dealing	
City	12.a Nature of interest held or inco	ime received	
State ZIP Code + 4			
	12 b. Amount.		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name			
Trade Name, if any		agents of the state of the stat	
P O Box, Bldg , Room No , if any			
Street			
City		\$ } •	
State ZIP Code + 4		1	
13 b Is the Business an Employer or Consultant?	14 b Amount of payment		